

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Philip Morris USA  
c/o Centrobe Inc.

EPA ID NO: 111A1R 101010 101016 181518



FORM  
IC

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

RECEIVED  
1999 Hazardous Waste Report

FEB 22 2000

IDENTIFICATION AND  
CERTIFICATION BRANCH

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

**Sec. I** Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input type="checkbox"/> or → <u>111A1R</u> <u>101010</u> <u>101016</u> <u>181518</u>		B. County Same as label <input type="checkbox"/> or → <u>Polk</u>	
C. Site/company name Same as label <input type="checkbox"/> or → <u>Philip Morris USA</u> <u>c/o Centrobe Inc.</u>		D. Has the site name associated with this EPA ID changed since 1997? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>4460 112th Street South</u>			
F. City, town, village Same as label <input type="checkbox"/> or → <u>Urbandale</u>		G. State Same as label <input type="checkbox"/> or → <u>11A</u>	H. Zip Code Same as label <input type="checkbox"/> or → <u>510131212</u> - <u>111111</u>

**Sec. II** Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address <u>P O Box 26603</u>		
C. City, town, village <u>Richmond</u>	D. State <u>11A</u>	E. Zip Code <u>213121611</u> - <u>111111</u>

**Sec. III** Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name <u>Zimmerman</u>	First name <u>David</u>	M.I. <u>R.</u>	B. Title Staff Env. Eng.	C. Telephone Number <u>81014</u> <u>21714</u> - <u>4803</u> Extension <u>111111</u>
----------------------------------	----------------------------	-------------------	--------------------------------	---

**Sec. IV** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name <u>Kiernan, Bernard</u>	First name <u>C.</u>	M.I. <u>C.</u>	B. Title <u>Manager</u>
C. Signature <u>Bernard Kiernan</u>			D. Date of signature <u>02</u> <u>15</u> <u>00</u> Month Day Year

RCRIS data entered  
by PCap Nowce  
on 2/22/00

RCRIS data entered  
BY SBritt TRI-COE  
ON 5/15/00



R00173108  
RCRA RECORDS CENTER  
Over →

EPA ID NO. 11A1R 101010 101016 181518**Sec. V** Generator status. Instructions begin on page 8.**A. 1999 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG  
☐ 2 SQG  
☐ 3 CESQG  
☐ 4 Non-generator (CONTINUE TO BOX B)
- } SKIP TO SEC. VI

**B. Reason for not generating**

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated  
☐ 2 Out of business  
☐ 3 Only excluded or delisted waste  
☐ 4 Only non-hazardous waste  
☐ 5 Periodic or occasional generator  
☐ 6 Waste minimization activity  
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

**Sec. VI** On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**11**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**1

Comments:

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SITE NAME: Philip Morris USA  
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EPA ID NO: I A R 0 0 0 0 0 6 8 5 8



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## WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) Out of date batteries					
B. EPA hazardous waste code (page 12) D101019 D101018 N/A N/A N/A			C. State hazardous waste code (page 13) N/A			
D. SIC code (page 13) 21111	E. Origin code (page 13) 1 System Type M	F. Source code (page 14) A58	G. Point of measurement (p. 14) 1	H. Form code (page 14) B309	I. RCRA-radioactive mixed (page 14) 2	
Sec. II	A. Quantity generated in 1999 (page 15) 1112154 . 0		B. UOM (page 15) 1 Density . <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)  1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM			ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1999 (page 16) .		On-site process system type (page 16) M		Quantity treated, disposed, or recycled on site in 1999 (page 16) .
Sec. III	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) I11D 01918 61412 41214	C. System type shipped to (p. 17) M101413	D. Off-site availability code (page 17) 1	E. Total quantity shipped in 1999 (page 17) 1112154 . 0		
Site 2 N/A	B. EPA ID No. of facility waste was shipped to (page 17) . . . .	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) .	E. Total quantity shipped in 1999 (page 17) .		
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) . . . .	C. System type shipped to (p. 17) M	D. Off-site availability code (page 17) .	E. Total quantity shipped in 1999 (page 17) .		
Comments:						



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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b> A. Waste description (page 12)					
Out of date promotional display signs with lamps containing mercury.					
B. EPA hazardous waste code (page 12)			C. State hazardous waste code (page 13)		
<u>D 00 9</u> <u>N A</u> <u></u> <u></u> <u></u> <u></u>			<u>N A</u> <u></u> <u></u> <u></u> <u></u> <u></u>		
D. SIC code (page 13)		E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)
<u>2 1 1 1</u>		<u>1</u> System Type <u>M</u> <u></u> <u></u> <u></u>	<u>A 5 8</u>	<u>1</u>	<u>B 7 0 1</u>
I. RCRA-radioactive mixed (page 14) <u>2</u>					

<b>Sec. II</b> A. Quantity generated in 1999 (page 15)		B. UOM (page 15)	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)	
<u></u> <u></u> <u></u> <u></u> <u>1 6 8 8 7</u> <u>0</u>		Density <u>N A</u> <u></u> <u></u>	<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg				
<b>ON-SITE PROCESS SYSTEM</b>			<b>ON-SITE PROCESS SYSTEM 2</b>	
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)		On-site process system type (page 16)
<u>M</u> <u></u> <u></u> <u></u>		<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>		<u>M</u> <u></u> <u></u> <u></u>
		<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>		<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>

<b>Sec. III</b> A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)				
<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
	<u>P A D</u> <u>9 8 7</u> <u>3 6 7</u> <u>2 1 6</u>	<u>M 0 1 2</u>	<u>1</u>	<u></u> <u></u> <u></u> <u></u> <u>2 9 4 9 5</u> <u>0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
	<u>W I D</u> <u>0 0 3</u> <u>9 6 7</u> <u>1 4 8</u>	<u>M 1 4 1</u>	<u>1</u>	<u></u> <u></u> <u></u> <u></u> <u>1 9 2 7 2</u> <u>0</u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)
	<u>N J R</u> <u>0 0 0</u> <u>0 2 8</u> <u>5 0 6</u>	<u>M 1 4 1</u>	<u>1</u>	<u></u> <u></u> <u></u> <u></u> <u>1 2 0 1 1</u> <u>0</u>

Comments:

This material is being recycled.

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**WASTE GENERATION  
AND MANAGEMENT**

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

<b>Sec. I</b>		A. Waste description (page 12)			
		Damaged Safety Matches			
B. EPA hazardous waste code (page 12)		<u>D 0 0 1</u> <u>N A</u>		C. State hazardous waste code (page 13)	
<u>N A</u> <u>N A</u> <u>N A</u>				<u>N A</u> <u></u> <u></u> <u></u> <u></u> <u></u>	
D. SIC code (page 13)	E. Origin code (page 13)	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
<u>2 1 1 1</u>	<u>1</u> System Type <u>M</u>	<u>A 5 8</u>	<u>1</u>	<u>B 0 0 1</u>	<u>2</u>
<b>Sec. II</b>		A. Quantity generated in 1999 (page 15)			
		<u>2 2 0</u> <u>0</u>			
B. UOM (page 15)		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)			
<u>1</u> Density <u></u> <u></u>		<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)			
<input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		<input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)			
<b>ON-SITE PROCESS SYSTEM</b>		<b>ON-SITE PROCESS SYSTEM 2</b>			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)		On-site process system type (page 16)	
<u>M</u>		<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>		<u>M</u>	
		<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>		<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>	
<b>Sec. III</b>		A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17)			
		<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
	<u>I L D</u> <u>0 9 8</u> <u>6 4 2</u> <u>4 2 4</u>	<u>M 0 4 3</u>	<u>1</u>	<u>2 2 0</u> <u>0</u>	
Site 2	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
N/A	<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>	<u>M</u>	<u></u>	<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
	<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>	<u>M</u>	<u></u>	<u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u> <u></u>	
Comments:					

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EPA ID NO: I A R 0 0 0 0 0 6 8 5 8



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## WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I					
A. Waste description (page 12) Out of date adhesive from promotional items.					
B. EPA hazardous waste code (page 12)			C. State hazardous waste code (page 13)		
D001 D035 F003 F005 NA			NA		
D. SIC code (page 13)	E. Origin code (page 13) System Type	F. Source code (page 14)	G. Point of measurement (p. 14)	H. Form code (page 14)	I. RCRA-radioactive mixed (page 14)
2111	M	A58	1	B001	2
Sec. II					
A. Quantity generated in 1999 (page 15)		B. UOM (page 15) Density	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15)		
1140.0		1 11	<input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
ON-SITE PROCESS SYSTEM		ON-SITE PROCESS SYSTEM 2			
On-site process system type (page 16)		Quantity treated, disposed, or recycled on site in 1999 (page 16)	On-site process system type (page 16) Quantity treated, disposed, or recycled on site in 1999 (page 16)		
M		1140.0	M		
Sec. III					
A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)					
Site 1	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
	FLD 098 642 424	M 041	1	1140.0	
Site 2 N/A	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
		M			
Site 3	B. EPA ID No. of facility waste was shipped to (page 17)	C. System type shipped to (p. 17)	D. Off-site availability code (page 17)	E. Total quantity shipped in 1999 (page 17)	
		M			
Comments:					

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<b>Sec. I</b>	A. Waste description (page 12) Out of date promotional cigarette lighters containing flammable gas (butane)				
B. EPA hazardous waste code (page 12) <u>D1001</u> <u>N1A111</u> <u>N1A111</u> <u>N1A111</u> <u>N1A111</u>			C. State hazardous waste code (page 13) <u>N1A11111</u> <u>11111111</u>		
D. SIC code (page 13) <u>211111</u>	E. Origin code (page 13) <u>1</u> System Type <u>M11111</u>	F. Source code (page 14) <u>A1518</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B1801</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

<b>Sec. II</b>	A. Quantity generated in 1999 (page 15) <u>11111351105</u> <u>0</u>	B. UOM (page 15) <u>1</u> Density <u>N1A</u> <u>1111</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)		
<b>ON-SITE PROCESS SYSTEM 1</b>			<b>ON-SITE PROCESS SYSTEM 2</b>		
On-site process system type (page 16) <u>M11111</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>11111111111111</u> <u>1</u>	On-site process system type (page 16) <u>M11111</u>		Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>11111111111111</u> <u>1</u>

<b>Sec. III</b>	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>1111D</u> <u>01918</u> <u>61412</u> <u>41214</u>	C. System type shipped to (p. 17) <u>M10144</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>11111351105</u> <u>0</u>	
Site 2 N/A	B. EPA ID No. of facility waste was shipped to (page 17) <u>11111</u> <u>11111</u> <u>11111</u> <u>11111</u>	C. System type shipped to (p. 17) <u>M11111</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>11111111111111</u> <u>1</u>	
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u>11111</u> <u>11111</u> <u>11111</u> <u>11111</u>	C. System type shipped to (p. 17) <u>M11111</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1999 (page 17) <u>11111111111111</u> <u>1</u>	

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EPA ID NO: LIAR 0000 0006 81518



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<b>Sec. I</b>	A. Waste description (page 12) Out of date promotional safety matches.
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B. EPA hazardous waste code (page 12) <u>DI0011</u> <u>NA1111</u> <u>NA1111</u> <u>NA1111</u> <u>NA1111</u>		C. State hazardous waste code (page 13) <u>NA11111111</u> <u>11111111</u>	
D. SIC code (page 13) <u>211111</u>	E. Origin code (page 13) System Type <u>1</u> <u>M1111</u>	F. Source code (page 14) <u>A1518</u>	G. Point of measurement (p. 14) <u>1</u>
		H. Form code (page 14) <u>B13119</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

<b>Sec. II</b>	A. Quantity generated in 1999 (page 15) <u>11111318131413</u> <u>10</u>	B. UOM (page 15) Density <u>1</u> <u>NA</u> <u>1111</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
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<b>ON-SITE PROCESS SYSTEM 1</b>		<b>ON-SITE PROCESS SYSTEM 2</b>	
On-site process system type (page 16) <u>M1111</u>	Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>11111111111111</u> <u>1</u>	On-site process system type (page 16) <u>M1111</u>	Quantity treated, disposed, or recycled on site in 1999 (page 16) <u>11111111111111</u> <u>1</u>

<b>Sec. III</b>	A. Was any of this waste shipped off site in 1999 for treatment, disposal, or recycling? (page 17) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>LIID</u> <u>0918</u> <u>6412</u> <u>4214</u>	C. System type shipped to (p. 17) <u>M101413</u>	D. Off-site availability code (page 17) <u>11</u>	E. Total quantity shipped in 1999 (page 17) <u>11111318131413</u> <u>10</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u>N/A</u> <u>1111</u> <u>1111</u> <u>1111</u> <u>1111</u>	C. System type shipped to (p. 17) <u>M1111</u>	D. Off-site availability code (page 17) <u>11</u>	E. Total quantity shipped in 1999 (page 17) <u>11111111111111</u> <u>1</u>
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u>1111</u> <u>1111</u> <u>1111</u> <u>1111</u>	C. System type shipped to (p. 17) <u>M1111</u>	D. Off-site availability code (page 17) <u>11</u>	E. Total quantity shipped in 1999 (page 17) <u>11111111111111</u> <u>1</u>

Comments:



BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Philip Morris USA  
c/o Centrobe Inc.

EPA ID NO: I I A R 0 0 0 0 0 6 8 5 8



**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1999 Hazardous Waste Report

**FORM  
01**

**OFF-SITE  
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter <u>I I I D</u> <u>0 9 8</u> <u>6 4 2</u> <u>4 2 4</u>	B. Name of off-site installation or transporter Onyx - Trade Waste Incineration Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility		D. Address of off-site installation Street <u>7 Mobile Avenue</u> City <u>Sauget</u> State <u>I I I</u> Zip <u>6 2 2 0 1</u> - <u>1 0 6 9</u>
<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter <u>N I J D</u> <u>0 8 0</u> <u>6 3 1</u> <u>3 6 9</u>	B. Name of off-site installation or transporter Advanced Envir. Tech. Srvs. (Onyx)
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street <u>N/A</u> City _____ State <u>I I I</u> Zip <u>        </u> - <u>        </u>
<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter <u>W I I R</u> <u>0 0 0 0</u> <u>0 0 1 6</u> <u>7 1 0 0</u>	B. Name of off-site installation or transporter Midwest Transport Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street <u>N/A</u> City _____ State <u>I I I</u> Zip <u>        </u> - <u>        </u>
<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter <u>I I I I D</u> <u>0 0 0 6</u> <u>4 9 1 3</u> <u>1 1 9 1</u>	B. Name of off-site installation or transporter Schiber Trucking Co.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street <u>N/A</u> City _____ State <u>I I I</u> Zip <u>        </u> - <u>        </u>
<b>Site 5</b>	A. EPA ID No. of off-site installation or transporter <u>I I I I D</u> <u>0 0 0 7</u> <u>8 1 1 4</u> <u>8 1 2 5</u>	B. Name of off-site installation or transporter Bee Lman Trucking Co.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility		D. Address of off-site installation Street <u>N/A</u> City _____ State <u>I I I</u> Zip <u>        </u> - <u>        </u>
Comments: Note: Onyx Environmental Services purchased Advanced Environmental Tech. Services in 1999.		

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Philip Morris USA  
c/o Centrobe Inc.

EPA ID NO: 11AIR 01010 01016 181518



**FORM  
OI**

**U.S. ENVIRONMENTAL  
PROTECTION AGENCY**

1999 Hazardous Waste Report

**OFF-SITE  
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

<b>Site 1</b>	A. EPA ID No. of off-site installation or transporter <u>11AIR</u> <u>01010</u> <u>0122</u> <u>947</u>	B. Name of off-site installation or transporter <u>Nighthawk Transport Inc.</u>
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C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>N/A</u> City _____ State <u>11</u> Zip <u>111111</u> - <u>111111</u>
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<b>Site 2</b>	A. EPA ID No. of off-site installation or transporter <u>11JIR</u> <u>01010</u> <u>0128</u> <u>51016</u>	B. Name of off-site installation or transporter <u>Advanced Env. Recycling Co.</u>
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C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>3 Gold Mine Road</u> City <u>Flanders</u> State <u>11J</u> Zip <u>017181316</u> - <u>111111</u>
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<b>Site 3</b>	A. EPA ID No. of off-site installation or transporter <u>11ID</u> <u>01013</u> <u>9167</u> <u>1148</u>	B. Name of off-site installation or transporter <u>Onyx Environment Services</u>
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C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>W 124 N9541 Boundary</u> City <u>Menomonee Falls</u> State <u>WI</u> Zip <u>53101511</u> - <u>111111</u>
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<b>Site 4</b>	A. EPA ID No. of off-site installation or transporter <u>11AID</u> <u>91817</u> <u>131617</u> <u>21116</u>	B. Name of off-site installation or transporter <u>Advanced Env. Recycling Co.</u>
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C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR facility	D. Address of off-site installation Street <u>2951 Mitchell Avenue</u> City <u>Allentown</u> State <u>PA</u> Zip <u>181103</u> - <u>111111</u>
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<b>Site 5</b>	A. EPA ID No. of off-site installation or transporter <u>1111</u> <u>1111</u> <u>1111</u> <u>1111</u>	B. Name of off-site installation or transporter
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C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State <u>11</u> Zip <u>111111</u> - <u>111111</u>
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Comments:



PHILIP MORRIS

U.S.A.

P. O. BOX 26603, RICHMOND, VIRGINIA 23261 TELEPHONE (804) 274-2000

February 1, 2000

Mrs. Beth Koesterer  
Environmental Protection Agency Region 7  
ARTD\RESP (Biennial Report)  
901 North 5<sup>th</sup> Street  
Kansas City, KS 66101

Subject: 1999 Biennial Hazardous Waste Report  
EPA Id. No. IAR000006858

Dear Mrs. Koesterer:

Please find enclosed the 1999 Hazardous Waste Biennial Report for the Philip Morris U. S. A. c/o Centrobe, Inc. physically located in Polk County at 4460 112<sup>th</sup> Street, Urbandale, IA 50322.

These activities involved the disposal of promotional sales items. The reports compiled by Philip Morris are to provide proper reporting for these activities alone and do not include any hazardous waste from Centrobe Inc.'s other activities at its facility.

Should you have any comments, please contact David Zimmerman at 804-274-4803. Thank you for your attention in this matter.

Sincerely,

David R. Zimmerman  
Staff Environmental Engineer

Enclosure: 1999 Hazardous Waste Biennial Report

REC'D  
FEB 22 2000  
RESP